Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name JACK'S Address 3308 PLAZA DRIVE, NEW ALBANY IN 47150 Owner JASON P LANGNESS Owner's Address 517 NAVAJO DR NEW ALBANY, IN 47150 Person in Charge CRAIG COOPER Responsible Person's Email THESENUTS4207@GMAIL.COM Certified Food Handler JASON LANGNESS							Telephone Number 812-948-1600 n 502-645-2200 Purpose X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list)	Date of Inspection 02/11/2022 Follow Up 03/03/2022 Menu Type 1 _ 2 _ 3 _X	Released 02/11/2021
				AND NARRATIVE COLUMN					
VIOLATION(S) REPEAT Section #	red from prev	NC		Narrative	"SUMMARY OF VIOLATIONS"	AND IN THE N.	ARRAIVE COLUMN MARKED AS "R"	To Do C	annacted
415	X	nc.		Narrative To Be Corrected Observed mice droppings in outdoor shed. Clean and notify your certified 3/3/22					
				pest operator.					
291		X	Χ		t strips for quat sanit	4 days			
177		Χ		Observed cooking pot on top of drying rack to not be inverted. Observed 1 day box of food on floor of walk-in freezer.					
346		Х		Observed no hand soap at kitchen handwashing sink. today					
347		X		Observed no handtowels at kitchen handwashing sink.				Today	
Summary of V Received by (r CRAIG COO	name and t		C nted):	1 NC	4 R 2	I	nspected by (name and title 'homas Snider CFS	printed):	
Received by (signature):							Inspected by (signature):		
001					00:				
cc:					cc:			cc:	